

** CSC CLAIM COMPANY **

Page 1

Provider:170384534 Bill ID:2004091711330540AWF 00
 RANDY WEISS, DO Claim:WC20032363
 501-507 SOUTH 12TH STREET SSN:464703972
 PHILADELPHIA, PA 19147 Claimant:DENNIS BERRY
 Injured:09-26-2003
 Prov Lic:DOL5743TX MSIN:900009598
 Payee:170384534 Insured:NEWSPAPER PROCESSING
 THE PAIN CENTER NEWSPAPER PROCESSING SERVICE
 501-507 SOUTH 12TH STREET 110 A CORP PARK EAST
 PHILADELPHIA, PA 19147 LAGRANGE, GA 30241

Date Rcvd:08-23-2004 Date Revwd:09-17-2004
 Adjustor-ID: LR Account:21290
 Adjustor:LUPE RODRIGUEZ Adjustor Phone:8008889067

ICD9:847.9 SPRAIN OF BACK NOS
 ICD9:843.9 SPRAIN HIP AND THIGH NOS
 ICD9:847.1 THORACIC SPRAIN
 ICD9:959.0 INJURY FACE AND NECK NOS

Date	Service	Mod	Charge	Reduction	Allowance	Reasons
08-06-04	61790 LESION CREATION		4800.00	4800.00	.00	L
08-06-04	76001 FLUOROSCOPY		350.00	350.00	.00	L
08-06-04	99199 UNLISTED PROCEDURE		1050.00	1050.00	.00	L
08-06-04	99070 SUPPLIES MATERIALS		1118.00	1118.00	.00	L
Totals			7318.00	7318.00	.00	

** TX Reduction Explanations:

TX L Not Treating Doctor Approved Payment

DR WEISS IS NOT ON THE TWCC APPROVED PROVIDER LIST AS REQUIRED.

Continued on next page

Direct inquiries regarding this review to:
 CSC CLAIM COMPANY
 2995 L.B.J. FREEMAN #121
 DALLAS, TX. 75234
 (972) 247-9067
 FAX (972) 280-0042



** CSC CLAIM COMPANY **

Page 2

Provider:170384534	Bill ID:2004091711330540AWF 00
RANDY WEISS, DO	Claim:WC20032353
501-507 SOUTH 12TH STREET	SSN:444703972
PHILADELPHIA, PA 19147	Claimant:DEMNIS BERRY
	Injured:09-26-2003
Prov Lic:DOL5743TX	MEIN:900009598
Payee:170384534	Insured:NEWSPAPER PROCESSING
THE PAIN CENTER	NEWSPAPER PROCESSING SERVICE
501-507 SOUTH 12TH STREET	110 A CORP PARK EAST
PHILADELPHIA, PA 19147	LAGRANGE, GA 30241

Date Rcvd:08-23-2004	Date Revwd:09-17-2004
Adjustor-ID: LR	Account:21290
Adjustor:LUPE RODRIGUEZ	Adjustor Phone:8008889067

Insurance carrier payment to the health care provider shall be according to Commission medical policies and fee guidelines in effect on the date(s) of service(s).

Health care providers shall not bill any unpaid amounts to the injured employee or the employer, or make any attempt to collect the unpaid amount from the injured employee or the employer unless the injury is finally adjudicated not to be compensable, or the insurance carrier is relieved of liability under '408.024 of the Texas Workers' Compensation Act.

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 DALLAS, TX. 75234
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** CSC CLAIM COMPANY **

Page 2

Provider:170384534

Bill ID:2004091711342818AWF 00

RANDY WEISS, DO

Claim:WC20032363

501-507 SOUTH 12TH STREET

SSN:464703972

PHILADELPHIA, PA 19147

Claimant:DEMNIS BERRY

Injured:09-26-2003

Prov Lic:D015743TX

MBIN:900009598

Payee:170384534

Insured:NEWSPAPER PROCESSING

THE PAIN CENTER

NEWSPAPER PROCESSING SERVICE

501-507 SOUTH 12TH STREET

110 A CORP PARK EAST

PHILADELPHIA, PA 19147

LAGRANGE, GA 30241

Date Rcvd:08-23-2004

Date Revwd:09-17-2004

Adjustor-ID: LR

Account:21290

Adjustor:LUPE RODRIGUEZ

Adjustor Phone:8008889067

ICD9:847.9 SPRAIN OF BACK NOS

ICD9:843.9 SPRAIN HIP AND THIGH NOS

ICD9:847.1 THORACIC SPRAIN

ICD9:959.0 INJURY FACE AND NECK NOS

Date	Service	Mod	Charge	Reduction	Allowance	Reasons
08-09-04	61790 LESION CREATION		4800.00	4800.00	.00	L
08-09-04	75001 FLUOROSCOPY		350.00	350.00	.00	L
08-09-04	98199 UNLISTED PROCEDURE		1050.00	1050.00	.00	L
08-09-04	99070 SUPPLIES MATERIALS		1118.00	1118.00	.00	L
Totals			7318.00	7318.00	.00	

** TX Reduction Explanations:

TX L Not Treating Doctor Approved Payment

DR WEISS IS NOT ON THE TWCC APPROVED PROVIDER LIST AS REQUIRED.

Continued on next page

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2995 L.B.J. FREEWAY #121

DALLAS, TX. 75234

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FAX (972) 280-0042

** CSC CLAIM COMPANY **

Page 2

Provider:170384534	Bill ID:2004091711342818AWP 00
RANDY WEISS, DO	Claim:WC20032353
501-507 SOUTH 12TH STREET	SSN:464703972
PHILADELPHIA, PA 19147	Claimant:DENNIS BERRY
	Injured:09-26-2003
Prov Lic:D065743TX	MBIN:900009598
Payee:170384534	Insured:NEWSPAPER PROCESSING
THE PAIN CENTER	NEWSPAPER PROCESSING SERVICE
501-507 SOUTH 12TH STREET	110 A CORP PARK EAST
PHILADELPHIA, PA 19147	LAGRANGE, GA 30241

Date Rcvd:08-23-2004	Date Revwd:09-17-2004
Adjustor-ID: LR	Account:21290
Adjustor:LUPE RODRIGUEZ	Adjustor Phone:8008889067

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** CSC CLAIM COMPANY **

Page 1

Provider:170384534 Bill ID:2004091711353250AWF 00
 RANDY WEISS, DO Claim:WC20032363
 501-507 SOUTH 12TH STREET SSN:464703972
 PHILADELPHIA, PA 19147 Claimant:DSMNIS BERRY
 Injured:09-26-2003
 Prov Lic:DOL5743TX MBIN:900009598
 Payee:170384534 Insured:NEWSPAPER PROCESSING
 THE PAIN CENTER NEWSPAPER PROCESSING SERVICE
 501-507 SOUTH 12TH STREET 110 A CORP PARK EAST
 PHILADELPHIA, PA 19147 LAGRANGE, GA 30241

Date Rcvd:08-23-2004 Date Revwd:09-17-2004
 Adjustor-ID: LR Account:21290
 Adjustor:LUPE RODRIGUEZ Adjustor Phone:8008889067

ICD9:847.9 SPRAIN OF BACK NOS
 ICD9:843.9 SPRAIN HIP AND THIGH NOS
 ICD9:847.1 THORACIC SPRAIN
 ICD9:959.0 INJURY FACE AND NECK NOS

Date	Service	Mod	Charge	Reduction	Allowance	Reasons
03-10-04	51790 LESION CREATION		4800.00	4800.00	.00	L
03-10-04	76001 FLGROSCOPY		350.00	350.00	.00	L
03-10-04	99199 UNLISTED PROCEDURE		1050.00	1050.00	.00	L
08-10-04	99070 SUPPLIES MATERIALS		1118.00	1118.00	.00	L
Totals			7318.00	7318.00	.00	

** TX Reduction Explanations:

TX L Not Treating Doctor Approved Payment

DR WEISS IS NOT ON THE TWCC APPROVED PROVIDER LIST AS REQUIRED.

Continued on next page

Direct inquiries regarding this review to:

CSC CLAIM COMPANY
 2995 L.B.J. FREEWAY #121
 DALLAS, TX. 75214
 (972) 247-9067
 FAX (972) 280-0042

** CSC CLAIM COMPANY **

Page 2

Provider:170384534 Bill ID:2004091711333250AMF 00
RANDY WEISS, DO Claim:WC20032363
501-507 SOUTH 12TH STREET SSN:464703972
PHILADELPHIA, PA 19147 Claimant:DENNIS HERRY
Injured:09-26-2003
Prov Lic:DOL5743TX MSIN:900009598
Payee:170384534 Insured:NEWSPAPER PROCESSING
THE PAIN CENTER NEWSPAPER PROCESSING SERVICE
501-507 SOUTH 12TH STREET 110 A CORP PARK EAST
PHILADELPHIA, PA 19147 LAGRANGE, GA 30241

Date Rcvd:08-23-2004 Date Revwd:09-17-2004
Adjustor-ID: LR Account:11290
Adjustor:LUPE RODRIGUEZ Adjustor Phone:8008889067

Insurance carrier payment to the health care provider shall be according to Commission medical policies and fee guidelines in effect on the date(s) of service(s).

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FAX (972) 280-0042

** CSC CLAIM COMPANY **

Page 1

Provider:170384534 Bill ID:2004091711381397AWF 00
 RANDY WEISS, DO Claim:MC20032363
 501-507 SOUTH 12TH STREET SSN:464703972
 PHILADELPHIA, PA 19147 Claimant:DENNIS BERRY
 Injured:09-26-2003
 Prov Lic:D0LS743TX MSIN:900009598
 Payee:170384534 Insured:NEWSPAPER PROCESSING
 THE PAIN CENTER NEWSPAPER PROCESSING SERVICE
 501-507 SOUTH 12TH STREET 110 A CORP PARK EAST
 PHILADELPHIA, PA 19147 LAGRANGE, GA 30241

Date Rcvd:08-23-2004 Date Revwd:09-17-2004
 Adjustor-ID: LR Account:21290
 Adjustor:LUPE RODRIGUEZ Adjustor Phone:8008889067

ICD9:847.9 SPRAIN OF BACK NOS
 ICD9:843.9 SPRAIN HIP AND THIGH NOS
 ICD9:847.1 THORACIC SPRAIN
 ICD9:959.0 INJURY FACE AND NECK NOS

Date	Service	Moda	Charge	Reduction	Allowance	Reasons
08-11-04	61790 LESION CREATION		4800.00	4800.00	.00	V F:MP
08-11-04	76001 FLUOROSCOPY		350.00	350.00	.00	V F:MP
08-11-04	99199 UNLISTED PROCEDURE		1050.00	1050.00	.00	V F:MP
08-11-04	99070 SUPPLIES MATERIALS		1118.00	1118.00	.00	V F:MP
Totals			7318.00	7318.00	.00	

** TX Reduction Explanations:

TX F Fee Guidelines MAR Reduction

TX V Unnecessary Treatment (With Peer Review)

DR WEISS IS NOT ON THE TWCC PROVIDER APPROVED LIST AS REQUIRED.

Continued on next page

Direct inquiries regarding this review to:

CSC CLAIM COMPANY

2995 L.B.J. FREEWAY #121

DALLAS, TX. 75234

(972) 247-9067

FAX (972) 280-0042

** CSC CLAIM COMPANY **

Page 2

Provider:170384514	Bill ID:2004091711381397AWF 00
RANDY WEISS, DO	Claim:WC20032363
501-507 SOUTH 12TH STREET	SSN:464703972
PHILADELPHIA, PA 19147	Claimant:DENNIS BERRY
	Injured:09-26-2003
Prov Lic:DOL5743TX	MBIN:900009598
Payee:170384514	Insured:NEWSPAPER PROCESSING
THE PAIN CENTER	NEWSPAPER PROCESSING SERVICE
501-507 SOUTH 12TH STREET	110 A CORP PARK EAST
PHILADELPHIA, PA 19147	LAGRANGE, GA 30241

Date Rcvd:08-23-2004	Date Revwd:09-17-2004
Adjustor-ID: LR	Account:21290
Adjustor:LUPE RODRIGUEZ	Adjustor Phone:8008889067

Insurance carrier payment to the health care provider shall be according to Commission medical policies and fee guidelines in effect on the date(s) of service(s).

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DALLAS, TX. 75234
(972) 247-9067
FAX (972) 280-0042

** CSC CLAIM COMPANY **

Page 1

Provider: 170384534 Bill ID: 2004091711392250AWF 00
 RANDY WEISS, DO Claim: WC20032363
 501-507 SOUTH 12TH STREET SSN: 464703972
 PHILADELPHIA, PA 19147 Claimant: DENNIS BERRY
 Injured: 09-26-2003
 Prev Lic: DOL5743TX MBIN: 900009598
 Payee: 170384534 Insured: NEWSPAPER PROCESSING
 THE PAIN CENTER NEWSPAPER PROCESSING SERVICE
 501-507 SOUTH 12TH STREET 110 A CORP PARK EAST
 PHILADELPHIA, PA 19147 LAGRANGE, GA 30241

Date Rcvd: 08-23-2004

Date Revwd: 09-17-2004

Adjustor-ID: LR

Account: 21290

Adjustor: LUPE RODRIGUEZ

Adjustor Phone: 8008889067

ICD9:847.9 SPRAIN OF BACK NOS
 ICD9:843.9 SPRAIN HIP AND THIGH NOS
 ICD9:847.1 THORACIC SPRAIN
 ICD9:959.0 INJURY FACE AND NECK NOS

Date	Service	Mod	Charge	Reduction	Allowance	Reasons
08-16-04	61790 LESION CREATION		4800.00	4800.00	.00	V F:MP
08-16-04	76001 FLUOROSCOPY		350.00	350.00	.00	V F:MP
08-16-04	99199 UNLISTED PROCEDURE		1050.00	1050.00	.00	V F:MP
08-16-04	99070 SUPPLIES MATERIALS		1118.00	1118.00	.00	V F:MP
Totals			7318.00	7318.00	.00	

** TX Reduction Explanations:

TX F See Guidelines MAR Reduction

TX V Unnecessary Treatment (With Peer Review)

DR WEISS IS NOT ON THE TWCC APPROVED PROVIDER LIST AS REQUIRED.

Continued on next page

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2995 L.B.J. FREEWAY #121

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FAX (972) 280-0042

** CSC CLAIM COMPANY **

Page 2

Provider:170384534 Bill ID:2004091711392250AWF 00
RANDY WEISS, DO Claim:WC20032363
501-507 SOUTH 12TH STREET SSN:464703972
PHILADELPHIA, PA 19147 Claimant:DENNIS BERRY
Injured:09-26-2003
Prov Lic:DOL5743TX MBIN:900009593
Payee:170384534 Insured:NEWSPAPER PROCESSING
THE PAIN CENTER NEWSPAPER PROCESSING SERVICE
501-507 SOUTH 12TH STREET 110 A CORP PARK EAST
PHILADELPHIA, PA 19147 LAGRANGE, GA 30244
Date Rcvd:08-23-2004 Date Revwd:09-17-2004
Adjustor-ID: LR Account:21290
Adjustor:LUPE RODRIGUEZ Adjustor Phone:8003889067

Insurance carrier payment to the health care provider shall be according to Commission medical policies and fee guidelines in effect on the date(s) of service(s).

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Direct inquiries regarding this review to:
CSC CLAIM COMPANY
2995 L.B.J. FREEWAY #121
DALLAS, TX. 75234
(972) 247-9067
FAX (972) 280-0042

** CSC CLAIM COMPANY **

Page 1

Provider:170384534 Bill ID:2004091711412573AWF 00
 RANDY WEISS, DO Claim:WC20032353
 501-507 SOUTH 12TH STREET SEN:464703972
 PHILADELPHIA, PA 19147 Claimant:DENNIS BERRY
 Injured:09-25-2003
 Prov Lic:DOL5743TX MBIN:900009598
 Payee:170384534 Insured:NEWSPAPER PROCESSING
 THE PAIN CENTER NEWSPAPER PROCESSING SERVICE
 501-507 SOUTH 12TH STREET 110 A CORP PARK EAST
 PHILADELPHIA, PA 19147 LAGRANGE, GA 30241

Date Rcvd:08-23-2004 Date Revwd:09-17-2004
 Adjustor-ID: LR Account:21290
 Adjustor:LUPE RODRIGUEZ Adjustor Phone:8006889067

ICD9:847.9 SPRAIN OF BACK NOS
 ICD9:843.9 SPRAIN HIP AND THIGH NOS
 ICD9:847.1 THORACIC SPRAIN
 ICD9:959.0 INJURY FACE AND NECK NOS

Date	Service	Mod	Charge	Reduction	Allowance	Reasons
08-17-04	61790 LESION CREATION		4800.00	4800.00	.00	V F:MP
08-17-04	76001 FLUOROSCOPY		350.00	350.00	.00	V F:MP
08-17-04	99199 UNLISTED PROCEDURE		1050.00	1050.00	.00	V F:MP
08-17-04	99070 SUPPLIES MATERIALS		1118.00	1118.00	.00	V F:MP
Totals			7318.00	7318.00	.00	

** TX Reduction Explanations:

TX F Fee Guidelines MAE Reduction

TX V Unnecessary Treatment (With Peer Review)

DR WEISS IS NOT ON THE TWCC APPROVED PROVIDER LIST AS REQUIRED.

Continued on next page

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** CSC CLAIM COMPANY **

Page 2

Provider:170384534	Bill ID:2004091711412573AWF 00
RANDY WEISS, DO	Claim:WC20032363
501-507 SOUTH 12TH STREET	SSN:464703972
PHILADELPHIA, PA 19147	Claimant:DEWNIS BERRY
	Injured:09-26-2003
Prov Lic:DOL5743TX	MBIN:900009598
Payee:170384534	Insured:NEWSPAPER PROCESSING
THE PAIN CENTER	NEWSPAPER PROCESSING SERVICE
501-507 SOUTH 12TH STREET	110 A CORP PARK EAST
PHILADELPHIA, PA 19147	LAGRANGE, GA 30241

Date Rcvd:08-23-2004	Date Revwd:09-17-2004
Adjustor-ID: LR	Account:21290
Adjustor:LUPE RODRIGUEZ	Adjustor Phone:80088829067

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FAX (972) 250-0042

** CSC CLAIM COMPANY **

Page 1

Provider:170384534 Bill ID:2004091711433401AWF 00
 RANDY WEISS, DO Claim:WC20032363
 501-507 SOUTH 12TH STREET SSN:464703972
 PHILADELPHIA, PA 19147 Claimant:DENNIS BERRY
 Injured:09-26-2003
 Prov Lic:00L5743TX MBIN:900009598
 Payee:170384534 Insured:NEWSPAPER PROCESSING
 THE PAIN CENTER NEWSPAPER PROCESSING SERVICE
 501-507 SOUTH 12TH STREET 110 A CORP PARK EAST
 PHILADELPHIA, PA 19147 LAGRANGE, GA 30241

Date Rcvd:08-23-2004 Date Revwd:09-17-2004
 Adjustor-ID: LR Account:21290
 Adjustor:LUPE RODRIGUEZ Adjustor Phone:8008889057

ICD9:847.9 SPRAIN OF BACK NOS
 ICD9:843.9 SPRAIN HIP AND THIGH NOS
 ICD9:847.1 THORACIC SPRAIN
 ICD9:959.0 INJURY FACE AND NECK NOS

Date	Service	Mod	Charge	Reduction	Allowance	Reasons
08-18-04	61790 DESIGN CREATION		4800.00	4800.00	.00	V F:MP
08-18-04	76001 FLUOROSCOPY		350.00	350.00	.00	V F:MP
08-18-04	99139 UNLISTED PROCEDURE		1050.00	1050.00	.00	V F:MP
08-18-04	99070 SUPPLIES MATERIALS		1118.00	1118.00	.00	V F:MP
Totals			7318.00	7318.00	.00	

** TX Reduction Explanations:

TX F Fee Guidelines MDR Reduction

TX V Unnecessary Treatment (With Peer Review)

DR WEISS IS NOT ON THE TWCC LIST OF APPROVED PROVIDERS AS REQUIRED.

Continued on next page

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 DALLAS, TX. 75234
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 FAX (972) 280-0042

** CSC CLAIM COMPANY **

Page 2

Provider:170384534	Bill ID:2004091711433401AWP 00
RANDY WEISS, DO	Claim:WC20032363
501-507 SOUTH 12TH STREET	SSN:464703972
PHILADELPHIA, PA 19143	Claimant:DENNIS BERRY
	Injured:09-26-2003
Prov Lic:DOLS743TX	MBIN:900009598
Payee:170384534	Insured:NEWSPAPER PROCESSING
THE PAIN CENTER	NEWSPAPER PROCESSING SERVICE
501-507 SOUTH 12TH STREET	110 A CORP PARK EAST
PHILADELPHIA, PA 19147	LAGRANGE, GA 30241

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** CSC CLAIM COMPANY **

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 RANDY WEISS, DO Claim:WC20032363
 501-507 SOUTH 12TH STREET SSN:464703972
 PHILADELPHIA, PA 19147 Claimant:DENNIS BERRY
 Injured:09-26-2003
 Prov Lic:D015743TX MBIN:900009598
 Payee:170384534 Insured:NEWSPAPER PROCESSING
 THE PAIN CENTER NEWSPAPER PROCESSING SERVICE
 501-507 SOUTH 12TH STREET 110 A CORP PARK EAST
 PHILADELPHIA, PA 19147 LAGRANGE, GA 30241

Date Rcvd:09-08-2004 Date Rcvwd:09-17-2004
 Adjustor-ID: LR Account:21290
 Adjustor:LUPE RODRIGUEZ Adjustor Phone:8009889067

ICD9:847.9 SPRAIN OF BACK NOS
 ICD9:843.9 SPRAIN HIP AND THIGH NOS
 ICD9:847.1 THORACIC SPRAIN
 ICD9:959.0 INJURY FACE AND NECK NOS

Date	Service	Mod	Charge	Reduction	Allowance	Reasons
08-23-04	61730 LESION CREATION		4800.00	4800.00	.00	V F:MP
08-23-04	76001 FLUOROSCOPY		350.00	350.00	.00	V F:MP
08-23-04	99199 UNLISTED PROCEDURE		1050.00	1050.00	.00	V F:MP
08-23-04	99070 SUPPLIES MATERIALS		1118.00	1118.00	.00	V F:MP
Totals			7318.00	7318.00	.00	

** TX Reduction Explanations:

TX F Fee Guidelines MAR Reduction

TX V Unnecessary Treatment (With Peer Review)

DR WEISS IS NOT ON THE TWCC APPROVED PROVIDER LIST AS REQUIRED.

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 FAX (972) 280-0042

** CSC CLAIM COMPANY **

Page 2

Provider:170184534	Bill ID:2004091711471237AWF 00
RANDY WEISS, DO	Claim:WC20032363
501-507 SOUTH 12TH STREET	SSN:464703972
PHILADELPHIA, PA 19147	Claimant:DENNIS BERRY
	Injured:09-16-2003
Prov Lic:DOL5743TX	MBIN:900009598
Payee:170384534	Insured:NEWSPAPER PROCESSING
THE PAIN CENTER	NEWSPAPER PROCESSING SERVICE
501-507 SOUTH 12TH STREET	110 A CORP PARK EAST
PHILADELPHIA, PA 19147	LAGRANGE, GA 30241

Date Rcvd:09-08-2004	Date Revwd:09-17-2004
Adjustor-ID: LR	Account:21290
Adjustor:LUPE RODRIGUEZ	Adjustor Phone:8008889067

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CSC CLAIM COMPANY
2995 L.B.J. FREEWAY #121
DALLAS, TX. 75234
(972) 247-9067
FAX (972) 280-0042

** CSC CLAIM COMPANY **

Page 1

Provider:170384534 Bill ID:2004091711455873JAWF 00
 RANDY WEISS, DO Claim:WC20032363
 501-507 SOUTH 12TH STREET SSN:464703972
 PHILADELPHIA, PA 19147 Claimant:DENNIS BERRY
 Injured:09-26-2003
 Prov Lic:DOLS743TX MEIN:900009598
 Sayee:170384534 Insured:NEWSPAPER PROCESSING
 THE PAIN CENTER NEWSPAPER PROCESSING SERVICE
 501-507 SOUTH 12TH STREET 110 A CORP PARK EAST
 PHILADELPHIA, PA 19147 LAGRANGE, GA 30241

Date Rcvd:09-08-2004 Date Revwd:09-17-2004
 Adjustor-ID: LR Account:21290
 Adjustor:LUPE RODRIGUEZ Adjustor Phone:9008989067

ICD9:847.9 SPRAIN OF BACK NOS
 ICD9:843.9 SPRAIN HIP AND THIGH NOS
 ICD9:847.1 THORACIC SPRAIN
 ICD9:959.0 INJURY FACE AND NECK NOS

Date	Service	Mod	Charge	Reduction	Allowance	Reasons
08-24-04	51790 LESION CREATION		4300.00	4800.00	.00	V F:MP
08-24-04	76001 FLUOROSCOPY		350.00	350.00	.00	V F:MP
08-24-04	93199 UNLISTED PROCEDURE		1050.00	1050.00	.00	V F:MP
08-24-04	99070 SUPPLIES MATERIALS		1118.00	1118.00	.00	V F:MP
Totals			7318.00	7318.00	.00	

** TX Reduction Explanations:

TX F For Guidelines MAR Reduction

TX V Unnecessary Treatment (With Peer Review)

DR WEISS IS NOT ON THE TWCC APPROVED PROVIDERS LIST AS REQUIRED.

Continued on next page

Direct inquiries regarding this review to:
 CSC CLAIM COMPANY
 2995 L.B.J. FREEWAY #121
 DALLAS, TX. 75234
 (972) 247-9067
 FAX (972) 290-0042

** CSC CLAIM COMPANY **

Page 2

Provider:170384534	Bill ID:2004091711435873AWF 00
RANDY WEISS, DO	Claim:WC20032363
501-507 SOUTH 12TH STREET	SSN:464703972
PHILADELPHIA, PA 19147	Claimant:DENNIS BERRY
	Injured:09-26-2003
Prov Lic:DO05743TX	MAIN:900009598
Payee:170384534	Insured:NEWSPAPER PROCESSING
THE PAIN CENTER	NEWSPAPER PROCESSING SERVICE
501-507 SOUTH 12TH STREET	110 A CORP PARK EAST
PHILADELPHIA, PA 19147	LAGRANGE, GA 30241

Date Rcvd:09-08-2004

Date Revwd:09-17-2004

Adjustor-ID: LR

Account:21290

Adjustor:LUPE RODRIGUEZ

Adjustor Phone:8008889067

Insurance carrier payment to the health care provider shall be according to Commission medical policies and fee guidelines in effect on the date(s) of service(s).

Health care providers shall not bill any unpaid amounts to the injured employee or the employer, or make any attempt to collect the unpaid amount from the injured employee or the employer unless the injury is finally adjudicated not to be compensable, or the insurance carrier is relieved of liability under '408.021 of the Texas Workers' Compensation Act.

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 CSC CLAIM COMPANY
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** CSC CLAIM COMPANY **

Page 1

Provider:170384534 Bill ID:200409171148339IAWF 00
 RANDY WEISS, DO Claim:WC20032363
 501-507 SOUTH 12TH STREET SSN:464703972
 PHILADELPHIA, PA 19147 Claimant:DENNIS BERRY
 Injured:09-26-2003
 Prov Lic:DOL5743TX MEIN:900009598
 Payee:170384534 Insured:NEWSPAPER PROCESSING
 THE PAIN CENTER NEWSPAPER PROCESSING SERVICE
 501-507 SOUTH 12TH STREET 110 A CORP PARK EAST
 PHILADELPHIA, PA 19147 LAGRANGE, GA 30241

Date Rcvd:09-08-2004 Date Revwd:09-17-2004
 Adjustor-ID: LR Account:21290
 Adjustor:LUPS RODRIGUEZ Adjustor Phone:8008889067

ICD9:847.9 SPRAIN OF BACK NOS
 ICD9:843.9 SPRAIN HIP AND THIGH NOS
 ICD9:847.1 THORACIC SPRAIN
 ICD9:959.0 INJURY FACE AND NECK NOS

Date	Service	Mod	Charge	Reduction	Allowance	Reasons
08-31-04	64623 DESTRUCTION		1000.00	1000.00	.00	V F:MP
08-31-04	76001 FLUOROSCOPY		350.00	350.00	.00	V F:MP
08-31-04	99199 UNLISTED PROCEDURE		1050.00	1050.00	.00	V F:MP
08-31-04	99070 SUPPLIES MATERIALS		1118.00	1118.00	.00	V F:MP
Totals			3518.00	3518.00	.00	

** TX Reduction Explanations:

TX F Fee Guidelines MAR Reduction

TX V Unnecessary Treatment (With Peer Review)

DR WEISS IS NOT ON THE TWCC APPROVED PROVIDER LIST AS REQUIRED.

Continued on next page

Direct inquiries regarding this review to:

CSC CLAIM COMPANY
 2905 L.B.J. FREEWAY #121
 DALLAS, TX. 75234
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 FAX (972) 280-0042

** CSC CLAIM COMPANY **

Page 2

Provider:170384534	Bill ID:2004091711483391AWF 00
RANDY WEISS, DO	Claim:WC20032363
501-507 SOUTH 12TH STREET	SSN:464703972
PHILADELPHIA, PA 19147	Claimant:DENNIS BERRY
	Injured:09-26-2003
Prov Lic:DOL5743TX	MBIN:900009598
Payee:170384534	Insured:NEWSPAPER PROCESSING
THE PAIN CENTER	NEWSPAPER PROCESSING SERVICE
501-507 SOUTH 12TH STREET	110 A CORP PARK EAST
PHILADELPHIA, PA 19147	LAGRANGE, GA 30241

Date Rcvd:09-08-2004	Date Revwd:09-17-2004
Adjustor-ID: LR	Account:21290
Adjustor:LUPA RODRIGUEZ	Adjustor Phone:8008889067

Insurance carrier payment to the health care provider shall be according to Commission medical policies and fee guidelines in effect on the date(s) of service(s).

Health care providers shall not bill any unpaid amounts to the injured employee or the employer, or make any attempt to collect the unpaid amount from the injured employee or the employer unless the injury is finally adjudicated not to be compensable, or the insurance carrier is relieved of liability under '408.024 of the Texas Workers' Compensation Act.

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** CSC CLAIM COMPANY **

Page 1

Provider:170384534
 RANDY WEISS, DO
 501-507 SOUTH 12TH STREET
 PHILADELPHIA, PA 19147

Bill ID:200409171149577SAWF 00

Claim:WC20032263

SSN:464703972

Claimant:DENNIS BERRY

Injured:09-26-2003

MAIN:900009598

Prov Lic:DO15743TX

Payee:170384534

Insured:NEWSPAPER PROCESSING

THE PAIN CENTER

NEWSPAPER PROCESSING SERVICE

501-507 SOUTH 12TH STREET

110 A CORP PARK EAST

PHILADELPHIA, PA 19147

LAGRANGE, GA 30241

Date Rcvd:05-08-2004

Date Revwd:09-17-2004

Adjustor-ID: LR

Account:21290

Adjustor:LUPE RODRIGUEZ

Adjustor Phone:8008889067

ICD9:847.9 SPRAIN OF BACK NOS

ICD9:843.9 SPRAIN HIP AND THIGH NOS

ICD9:847.1 THORACIC SPRAIN

ICD9:959.0 INJURY FACE AND NECK NOS

Date	Service	Mod	Charge	Reduction	Allowance	Reasons
09-01-04	64623 DESTRUCTION		1000.00	1000.00	.00	V F M P
09-01-04	76001 FLUOROSCOPY		350.00	350.00	.00	V F M P
09-01-04	99199 UNLISTED PROCEDURE		1050.00	1050.00	.00	V F M P
09-01-04	99070 SUPPLIES MATERIALS		1118.00	1118.00	.00	V F M P
Totals			3518.00	3518.00	.00	

** TX Reduction Explanations:

TX F Fee Guidelines MAR Reduction

TX V Unnecessary Treatment (With Peer Review)

DR WEISS IS NOT ON THE TWCC APPROVED PROVIDER LIST AS REQUIRED.

Continued on next page

Direct inquiries regarding this review to:

CSC CLAIM COMPANY

2995 L.B.J. FREEWAY #121

DALLAS, TX. 75234

(972) 247-9067

FAX (972) 380-0042

** CSC CLAIM COMPANY **

Page 2

Provider:170384534	Bill ID:2004091711495775AWF 00
RANDY WEISS, DO	Claim:NC20032263
501-507 SOUTH 12TH STREET	SSN:464703972
PHILADELPHIA, PA 19147	Claimant:DEMNIS BERRY
	Injured:09-26-2003
Prov LIC:DOL5743EX	MBIN:906009598
Payee:170384534	Insured:NEWSPAPER PROCESSING
THE PAIN CENTER	NEWSPAPER PROCESSING SERVICE
501-507 SOUTH 12TH STREET	110 A CORP PARK EAST
PHILADELPHIA, PA 19147	LAGRANGE, GA 30241

Date Rcvd:09-08-2004	Date Revcd:09-17-2004
Adjustor-ID: LR	Account:21290
Adjustor:LUPE RODRIGUEZ	Adjustor Phone:8009889067

Insurance carrier payment to the health care provider shall be according to Commission medical policies and fee guidelines in effect on the date(s) of service(s).

Health care providers shall not bill any unpaid amounts to the injured employee or the employer, or make any attempt to collect the unpaid amount from the injured employee or the employer unless the injury is finally adjudicated not to be compensable, or the insurance carrier is relieved of liability under '408.024 of the Texas Workers' Compensation Act.

Direct inquiries regarding this review to:
 CSC CLAIM COMPANY
 2995 L.B.J. FREEWAY #121
 DALLAS, TX. 75234
 (972) 247-9067
 FAX (972) 280-0042

** CSC CLAIM COMPANY **

Page 1

Provider:232262489 Bill ID:2004110511461075AWF 00
 OWEN ROGAL, DC Claim:WC20032363
 501-507 SOUTH 12TH STREET SSN:464703972
 PHILADELPHIA, PA 19147 Claimant:DENNIS BERRY
 Injured:09-26-2003
 Prov Lic:DC9999TX MBIN:900009598
 Payee:232262489 Insured:NEWSPAPER PROCESSING
 THE PAIN CENTER SURGERY DEPT NEWSPAPER PROCESSING SERVICE
 501-507 SOUTH 12TH STREET 110 A CORP PARK EAST
 PHILADELPHIA, PA 19147 LAGRANGE, GA 30241

Date Rcvd:09-27-2004 Date Revwd:11-05-2004
 Adjustor-ID: LR Account:21290
 Adjustor:LUPE RODRIGUEZ Adjustor Phone:8006889067

ICD9:847.9 SPRAIN OF BACK NOS
 ICD9:843.9 SPRAIN HIP AND THIGH NOS
 ICD9:847.1 THORACIC SPRAIN
 ICD9:959.0 INJURY FACE AND NECK NOS

Date	Service	Mod	Charge	Reduction	Allowance	Reasons
09-10-04	61790 LESION CREATION		4800.00	4800.00	.00	V
09-10-04	76001 FLUOROSCOPY		350.00	350.00	.00	V
09-10-04	99199 UNLISTED PROCEDURE		1050.00	1050.00	.00	V
09-10-04	99070 SUPPLIES MATERIALS		1118.00	1118.00	.00	V
Totals			7318.00	7318.00	.00	

** TX Reduction Explanations:

TX V Unnecessary Treatment (With Peer Review)

Insurance carrier payment to the health care provider shall be according to Commission medical policies and fee guidelines in effect on the date(s) of service(s).

Health care providers shall not bill any unpaid amounts to the injured employee or the employer, or make any attempt to collect the unpaid amount from the injured employee or the employer unless the injury is finally adjudicated not to be compensable, or the insurance carrier is relieved of liability under '408.024 of the Texas Workers' Compensation Act.

Direct inquiries regarding this review to:

CSC CLAIM COMPANY
 P.O. BOX 814610
 DALLAS, TX. 75381-4610
 (972) 247-9067
 FAX (972) 280-0042

** CSC CLAIM COMPANY **

Page 1

Provider: 232262489 Bill ID: 2004110511382987AWF 00
 OWEN ROGAL, DC Claim: WC20032363
 501-507 SOUTH 12TH STREET SSN: 464703972
 PHILADELPHIA, PA 19147 Claimant: DENNIS BERRY
 Injured: 09-26-2003
 Prov Lic: DC9909TX MBIN: 900009598
 Payee: 232262489 Insured: NEWSPAPER PROCESSING
 THE PAIN CENTER SURGERY DEPT NEWSPAPER PROCESSING SERVICE
 501-507 SOUTH 12TH STREET 110 A CORP PARK EAST
 PHILADELPHIA, PA 19147 LAGRANGE, GA 30241

Date Rcvd: 09-27-2004 Date Rcvd: 11-05-2004
 Adjustor-ID: LR Account: 21290
 Adjustor: LUPE RODRIGUEZ Adjustor Phone: 8008889067

ICD9: 847.9 SPRAIN OF BACK NOS
 ICD9: 843.9 SPRAIN HIP AND THIGH NOS
 ICD9: 847.1 THORACIC SPRAIN
 ICD9: 959.0 INJURY FACE AND NECK NOS

Date	Service	Mod	Charge	Reduction	Allowance	Reasons
09-14-04	61790 LESION CREATION		4200.00	4200.00	.00	V
09-14-04	76001 FLUOROSCOPY		350.00	350.00	.00	V
09-14-04	99199 UNLISTED PROCEDURE		1050.00	1050.00	.00	V
09-14-04	99070 SUPPLIES MATERIALS		1118.00	1118.00	.00	V
Totals			7318.00	7318.00	.00	

** TX Reduction Explanations:

TX V Unnecessary Treatment (With Peer Review)

Insurance carrier payment to the health care provider shall be according to Commission medical policies and fee guidelines in effect on the date(s) of service(s).

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 CSC CLAIM COMPANY
 P.O. BOX 314610
 DALLAS, TX. 75381-4610
 (972) 247-9067
 FAX (972) 280-0042

** CSC CLAIM COMPANY **

Page 1

Provider: 232262489 Bill ID: 2004110311475530AWF 00
 OWEN ROGAL, DC Claim: WC20032363
 501-507 SOUTH 12TH STREET SSN: 464703972
 PHILADELPHIA, PA 19147 Claimant: DENNIS BERRY
 Injured: 09-26-2003
 Prov Lic: DC9999TX MAIN: 900009590
 Payee: 232262489 Insured: NEWSPAPER PROCESSING
 THE PAIN CENTER SURGERY DEPT NEWSPAPER PROCESSING SERVICE
 501-507 SOUTH 12TH STREET 110 A CORP PARK EAST
 PHILADELPHIA, PA 19147 LAGRANGE, GA 30241

Date Rcvd: 09-27-2004 Date Revwd: 11-05-2004
 Adjustor-ID: LR Account: 21290
 Adjustor: LUPÉ RODRIGUEZ Adjustor Phone: 8002889067

ICD9: 847.9 SPRAIN OF BACK NOS
 ICD9: 843.9 SPRAIN HIP AND THIGH NOS
 ICD9: 847.1 THORACIC SPRAIN
 ICD9: 959.0 INJURY FACE AND NECK NOS

Date	Service	Mode	Charge	Reduction	Allowance	Reasons
09-15-04	61790 LESION CREATION		4800.00	4800.00	.00	V
09-15-04	74001 FLUOROSCOPY		350.00	350.00	.00	V
09-15-04	99199 UNLISTED PROCEDURE		1050.00	1050.00	.00	V
09-15-04	99070 SUPPLIES MATERIALS		1119.00	1119.00	.00	V
Totals			7318.00	7318.00	.00	

** TX Reduction Explanations:

TX V Unnecessary Treatment (With Peer Review)

Insurance carrier payment to the health care provider shall be according to Commission medical policies and fee guidelines in effect on the date(s) of service(s).

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CSC CLAIM COMPANY

P.O. BOX 814610

DALLAS, TX. 75381-4610

(972) 247-9067

FAX (972) 280-0042

** CSC CLAIM COMPANY **

Page 1

Provider: 232262489 Bill ID: 2004110511445632AMF 00
 OWEN ROGAL, DC Claim: WC20032363
 501-507 SOUTH 12TH STREET SSN: 464703972
 PHILADELPHIA, PA 19147 Claimant: DENNIS BERRY
 Injured: 09-26-2003
 Prov Lic: DC9999TX MBIN: 900009598
 Payee: 232262489 Insured: NEWSPAPER PROCESSING
 THE PAIN CENTER SURGERY DEPT NEWSPAPER PROCESSING SERVICE
 501-507 SOUTH 12TH STREET 110 A CORP PARK EAST
 PHILADELPHIA, PA 19147 LAGRANGE, GA 30241

Date Rcvd: 09-27-2004 Date Revwd: 11-05-2004
 Adjustor ID: LR Account: 21290
 Adjustor: LUPE RODRIGUEZ Adjustor Phone: 8005889067

ICD9: 847.9 SPRAIN OF BACK NOS
 ICD9: 843.9 SPRAIN HIP AND THIGH NOS
 ICD9: 847.1 THORACIC SPRAIN
 ICD9: 959.0 INJURY FACE AND NECK NOS

Date	Service	Mod	Charge	Reduction	Allowance	Reasons
09-16-04	64623 DESTRUCTION		1000.00	1000.00	.00	V
09-16-04	76001 FLUOROSCOPY		350.00	350.00	.00	V
09-16-04	99199 UNLISTED PROCEDURE		1050.00	1050.00	.00	V
09-16-04	99070 SUPPLIES MATERIALS		1118.00	1118.00	.00	V
Totals			3518.00	3518.00	.00	

** TX Reduction Explanations:

TX V Unnecessary Treatment (With Peer Review)

Insurance carrier payment to the health care provider shall be according to Commission medical policies and fee guidelines in effect on the date(s) of service(s).

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 CSC CLAIM COMPANY
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 DALLAS, TX. 75381-4610
 (972) 247-9067
 FAX (972) 280-0042

** CSC CLAIM COMPANY **

Page 1

Provider: 232262489 Bill ID: 2004110511401371AWF 00
 OWEN ROGAL, DC Claim: WC20032363
 501-507 SOUTH 12TH STREET SSN: 464703972
 PHILADELPHIA, PA 19142 Claimant: DENNIS BERRY
 Injured: 09-26-2003
 Prov Lic: DC9999TX MBIN: 900009598
 Payee: 232262489 Insured: NEWSPAPER PROCESSING
 THE PAIN CENTER SURGERY DEPT NEWSPAPER PROCESSING SERVICE
 501-507 SOUTH 12TH STREET 110 A CORP PARK EAST
 PHILADELPHIA, PA 19147 LAGRANGE, GA 30241

Date Rcvd: 09-27-2004 Date Rcvwd: 11-05-2004
 Adjustor ID: LR Account: 21290
 Adjustor: LUPE RODRIGUEZ Adjustor Phone: 8008899067

ICD9: 847.9 SPRAIN OF BACK NOS
 ICD9: 843.9 SPRAIN HIP AND THIGH NOS
 ICD9: 847.1 THORACIC SPRAIN
 ICD9: 959.0 INJURY FACE AND NECK NOS

Date	Service	Mod	Charge	Reduction	Allowance	Reasons
09-17-04	61790 LESION CREATION		4800.00	4800.00	.00	V
09-17-04	76001 FLUOROSCOPY		350.00	350.00	.00	V
09-17-04	99199 UNLISTED PROCEDURE		1050.00	1050.00	.00	V
09-17-04	99070 SUPPLIES MATERIALS		1118.00	1118.00	.00	V
Totals			7318.00	7318.00	.00	

** TX Reduction Explanations:

TX V Unnecessary Treatment (With Peer Review)

Insurance carrier payment to the health care provider shall be according to Commission medical policies and fee guidelines in effect on the date(s) of service(s).

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** CSC CLAIM COMPANY **

Page 1

Provider:232262489 Bill ID:2004110511431178AWF 00
 OWEN ROGAL, DC Claim:WC20032363
 501-507 SOUTH 12TH STREET SSN:464703972
 PHILADELPHIA, PA 19142 Claimant:DENNIS BERRY
 Injured:09-26-2003
 Prov Lic:DC99999TX MSIN:900009598
 Payee:232262489 Insured:NEWSPAPER PROCESSING
 THE PAIN CENTER SURGERY DEPT NEWSPAPER PROCESSING SERVICE
 501-507 SOUTH 12TH STREET 110 A CORP PARK EAST
 PHILADELPHIA, PA 19147 LAGRANGE, GA 30241

Date Rcvd:09-27-2004 Date Revwd:11-05-2004
 Adjustor-ID: LR Account:21290
 Adjustor:LUPE RODRIGUEZ Adjustor Phone:8008889067

ICD9:847.9 SPRAIN OF BACK NOS
 ICD9:843.9 SPRAIN HIP AND THIGH NOS
 ICD9:847.1 THORACIC SPRAIN
 ICD9:939.0 INJURY FACE AND NECK NOS

Date	Service	Mod	Charge	Reduction	Allowance	Reasons
09-20-04	61790 LESION CREATION		4800.00	4800.00	.00	V
09-20-04	76001 FLUOROSCOPY		350.00	350.00	.00	V
09-20-04	99199 UNLISTED PROCEDURE		1050.00	1050.00	.00	V
09-20-04	99070 SUPPLIES MATERIALS		1118.00	1118.00	.00	V
Totals			7318.00	7318.00	.00	

** TX Reduction Explanations:

TX V Unnecessary Treatment (With Peer Review)

Insurance carrier payment to the health care provider shall be according to Commission medical policies and fee guidelines in effect on the date(s) of service(s).

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DALLAS, TX. 75381-4610

(972) 247-9067

FAX (972) 280-0642

** CSC CLAIM COMPANY **

Page 2

Provider: 232262489 Bill ID: 2004110511414459AWP 00
 OWEN ROGAL, DC Claim: WC20032363
 501-507 SOUTH 12TH STREET SSN: 464701972
 PHILADELPHIA, PA 19147 Claimant: DENNIS BERRY
 Injured: 09-26-2003
 Prov Lit: DC9999TX MBIN: 900009598
 Payee: 232262489 Insured: NEWSPAPER PROCESSING
 THE PAIN CENTER SURGERY DEPT NEWSPAPER PROCESSING SERVICE
 501-507 SOUTH 12TH STREET 110 A CORP PARK EAST
 PHILADELPHIA, PA 19147 LAGRANGE, GA 30241

Date Rcvd: 09-27-2004 Date Revwd: 12-05-2004
 Adjustor-ID: LR Account: 21290
 Adjustor: LUPE RODRIGUEZ Adjustor Phone: 8508289067

ICD9: 847.9 SPRAIN OF BACK NOS
 ICD9: 843.9 SPRAIN HIP AND THIGH NOS
 ICD9: 847.1 THORACIC SPRAIN
 ICD9: 959.0 INJURY FACE AND NECK NOS

Date	Service	Mod	Charge	Reduction	Allowance	Reasons
09-21-04	61790 LESION CREATION		4800.00	4800.00	.00	V
09-21-04	76001 FLUOROSCOPY		350.00	350.00	.00	V
09-21-04	99199 UNLISTED PROCEDURE		1050.00	1050.00	.00	V
09-21-04	99070 SUPPLIES MATERIALS		1118.00	1118.00	.00	V
Totals			7318.00	7318.00	.00	

** TX Reduction Explanations:

TX V Unnecessary Treatment (With Peer Review)

Insurance carrier payment to the health care provider shall be according to Commission medical policies and fee guidelines in effect on the date(s) of service(s).

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 CSC CLAIM COMPANY
 P.O. BOX 814610
 DALLAS, TX. 75381-4610
 (972) 247-9067
 FAX (972) 280-0042

800-888-9067